

Annual Report: July 2012 – June 2013
Colorado Department of Public Health and Environment (CDPHE)
Occupational Health and Safety Surveillance Program (Fundamental Program)

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MAJOR OUTPUTS/PRODUCTS

State-based Surveillance Data

- Reported Colorado's 2012 data for 217 cases of adult elevated blood lead reported to NIOSH's Adult Blood Lead Epidemiology and Surveillance (ABLES) Program
- Reported Colorado's 2012 Census of Fatal Occupational Injuries (CFOI) cases to the Bureau of Labor Statistics (BLS)
- Reported Colorado's 2010 data for 17 of 20 Occupational Health Indicators to NIOSH for publication by the Council of State and Territorial Epidemiologists (CSTE)

Publications

Date	Title
11/1/2012	Review of Work-related Exposures Reported to a Poison Center Helpline, 2000-2010
1/7/2013	Occupational Health Indicators in Colorado, 2012 Update
1/3/2013	Census of Fatal Occupational Injuries Press Release and 2011 prelim data tables
1/31/2013	NIOSH E-news: Colorado Surveys Certified Pesticide Applicators

Presentations and Outreach Events

Date	Event	Title/Description
9/7/2012	University of Colorado Safety Fair	Hosted a booth to provide surveillance data and injury prevention materials in partnership with CDPHE Injury Prevention Programs and Region 8 OSHA office.
9/21/2012	Colorado Public Health Association 2012 Annual Conference	Know the Benefits of Worksite Wellness and Injury Prevention
9/25/2012	AIHA - ASSE Fall Technical Conference	Occupational Health and Safety Surveillance in Colorado, 2012 Update
1/3/2013	Media release via CDPHE Communications Department	Work-Related Injury Deaths in Colorado, 2011
12/18/2012	CDPHE Grand Rounds	Public Health Survey of Certified Pesticide Applicators in Colorado, 2012
1/28/2013	High-Plains Intermountain Center for Agricultural Health and Safety Research Symposium	Public Health Survey of Certified Pesticide Applicators in Colorado, 2012
1/28/2013	Colorado Department of Ag. Pesticide Advisory Committee	Public Health Survey of Certified Pesticide Applicators in Colorado, 2012
4/18/2013	Colorado Public Health Association 2013 Annual Conference	(Accepted Abstract) What's Work Got to Do With It? Incorporating Occupational Data into your Public Health

		Improvement Plan
5/7/2013	Colorado School of Public Health Graduate Course	Overview of the CDPHE Occupational Health and Safety Surveillance Program
4/25 & 5/23/2013	Rocky Mountain Poison and Drug Center	Review of Work-related Exposures Reported to a Poison Center Helpline, 2000-2010
6/10/2013	CSTE 2013 Annual Conference	Public Health Survey to Assess Acute Pesticide Poisoning Experiences of Certified Applicators in Colorado, 2012
6/10/2013	CSTE 2013 Annual Conference	Colorado's 2012 BRFSS: Adding Value By Adding Industry and Occupation
6/25/2013	CDPHE Grand Rounds	Colorado's 2012 BRFSS: Adding Value By Adding Industry and Occupation

PARTNERSHIPS/CAPACITY BUILDING: We hosted six meetings of the WorkSafe Colorado coalition, with presentations covering a variety of topics, including NIOSH's Total Worker Health program, advancing young worker safety, preventing workplace violence, and hepatitis B incidence related to methamphetamine use in an oil and gas boom-town. In the last 12 months, WorkSafe Colorado has established an executive board and director, launched a new website (www.worksafecolorado.org), and applied to the Colorado Non-profit Development Center to become a 501(c)(3) organization. Recently, WorkSafe Colorado launched an awareness campaign for National Safety Month (June 2013), which included a display in the lobby of CDPHE, weekly announcements in CDPHE's Hot Topics Newsletter, and Colorado's Governor signing a Workplace Health and Safety Proclamation for the state. Members of our Surveillance Advisory Committee also continue to be strong partners. Our program has been named as a partner in grant applications for occupational health research, and we maintain an inventory of over 50 surveillance and capacity building projects.

POTENTIAL OUTCOMES: Our Occupational Health Indicators (OHI) report includes the most current data available, including 2011 data for several measures. For indicators we are unable to collect using standardized methods, similar measures were reported using alternate methods. This report contains several recommendations for improving surveillance systems and further analysis of OHI measures.

For the first time, NIOSH's industry and occupation (I/O) questions were administered in Colorado's 2012 Behavioral Risk Factor Surveillance Survey (BRFSS). Preliminary analysis indicates that these data can potentially be used to validate/verify reported influenza vaccination rates among healthcare facility workers, identify workers in industries and occupations that would most benefit from the future health insurance exchange, showcase potential opportunities for worksite wellness/health promotion programs, and identify occupations and industries that are prime candidates for safety interventions (e.g. seatbelt use policies). Our program arranged to pool funding with CDPHE tobacco cessation and immunization programs to support the I/O questions on the 2014 survey. We expect to publish our 2012 analysis by fall 2013.

We have fully incorporated the BLS Census of Fatal Occupational Injuries (CFOI) into our surveillance program. This unique arrangement allows us to have an active role in improving the CFOI, including

establishing new source documents, and in helping other NIOSH surveillance states access and utilize CFOI data. Colorado CFOI data tables are published on our website annually.

INTERMEDIATE OUTCOMES: We presented Colorado OHI data and program overviews at various conferences and meetings throughout the year, and widely disseminated our OHI reports via e-mail and web access. We have directed data requesters to these reports on several occasions and provided guidance to researchers and others seeking occupational injury and illness data on specific topics (e.g. young workers, firefighters, miners). We continue to report adult elevated blood lead level (BLL) cases to the NIOSH ABLES national dataset, thus improving coverage of national surveillance. Colorado's reportable BLLs are aligned with current recommendations of the CDC and the NIOSH ABLES Program.

Our analysis of occupational exposure data captured by the National Poison Data System was published and presented to the Rocky Mountain Poison and Drug Center (RMPDC). RMPDC call-center staff expressed a need for information about where to refer callers who have a workplace health or safety concern, so we created a tailored resource for them to address frequently asked questions.

We are finalizing our pilot research study to investigate acute pesticide poisoning exposure among certified pesticide applicators (funded by NIOSH High-Plains Intermountain Center for Agricultural Health and Safety). Findings indicate single-source pesticide surveillance system may not be adequate for capturing all injuries or exposures, which will inform decisions about conducting pesticide surveillance in Colorado. Findings also showcase opportunities for potential improvements to education and training for pesticide applicators.

We have launched a pilot project with Northeast Colorado Health Department (NCHD) to recognize and address employment factors and occupational injury and illness risk as part of their public health community assessment and improvement plan. The products we generate will be resources for the Colorado Health Assessment and Planning System, so that other counties and regions can implement similar strategies in their communities. This effort will also be an example for the CSTE OHI Workgroup, which is drafting guidelines for sub-state level analysis and use of OHI.

We successfully initiated CDPHE submitting comments in favor of including industry and occupation in Electronic Health Record systems during the Stage 3 Meaningful Use public comment period. If ultimately successful, I/O data in clinical health records will be an invaluable resource for occupational surveillance and research.

END OUTCOMES

Current OHI data demonstrate stable or decreasing numbers and rates of most occupational injuries and illnesses in Colorado. One notable exception is injury fatalities; preliminary surveillance indicates an increase in these deaths for 2012. We have also experienced an increase in cases of adult elevated BLL. However, these observed increases could be due to our improved surveillance systems, which may be helping us to identify more cases. We will continue to monitor trends in OHI data, attempt to understand fluctuations, and work with partners to identify interventions that will prevent future injury and illness.